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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28014** (1)

1. Corporation Name

ASSOCIATION OF WORKING PEOPLE, INC.

Principal Place of Business

Mailing Address

**1540 GLEN OAKS DR
128 B
SARASOTA FL 34232
US**

**1540 GLEN OAKS DR
128 B
SARASOTA FL 34232
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, KEITH
1540 GLEN OAKS DR
SUITE #128 B
SARASOTA FL 34232**

81 Name

JOHNSON, KEITH

82 Street Address (P.O. Box Number is Not Acceptable)

8215 62ND ST COURT E

83

SARASOTA, FL

84 City

FL

85 Zip Code

34243

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **KEITH ALLEN JOHNSON**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

4-20-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANONICH, SHELLEY	
STREET ADDRESS	1540 GLEN OAKS DR #128 B	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHELLEY ANONICH	
1.3 STREET ADDRESS	8215 62ND ST COURT EAST	
1.4 CITY-ST-ZIP	SARASOTA, FL 34243	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, KEITH	
STREET ADDRESS	1540 GLEN OAKS DR	
CITY-ST-ZIP	SARASOTA FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHNSON, KEITH	
2.3 STREET ADDRESS	8215 62ND ST COURT EAST	
2.4 CITY-ST-ZIP	SARASOTA FL 34243	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANNONIC, HANNAH	
STREET ADDRESS	1540 GLEN OAKS DR #128 B	
CITY-ST-ZIP	SARASOTA FL	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANNONIC, HANNAH	
3.3 STREET ADDRESS	8215 62ND ST COURT EAST	
3.4 CITY-ST-ZIP	SARASOTA, FL 34243	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SHELLEY ANONICH** **4-20-98** **8215 62ND ST**

CR2E037 (10/97)